

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Floyd Lolla
1912 North Gent
Indianapolis, IN 46202

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1 2

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7003 1660 0000 0330 4870

PS Form 3811, August 2001

61-374 (Doc 46) SJD

Domestic Return Receipt

102595-02-301-140

Case 1:01-cv-00374-SJD-TSP

Document 40-2

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